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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 3058**
Kenji HASHIMOTO et al. : Attorney Docket No. 2004_2053A
Serial No. 10/519,792 : Group Art Unit 1797
Filed March 28, 2005 : Examiner Timothy G. Kingan
METHOD OF EXAMINING AND DIAGNOSING : **Mail Stop AF**
SCHIZOPHRENIA (as amended)

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$390.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Excess of Twenty \$
Independent \$
Multiple Dependent Fee \$390.00

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Kenji HASHIMOTO et al.

By Andrew B. Freistein

Andrew B. Freistein
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Attorney for Applicants

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March 2, 2009

[Check No. 89415]
2004_2053A



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Serial No. 10/519,792 : Group Art Unit 1797
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METHOD OF EXAMINING AND : **Mail Stop: AF**
DIAGNOSING SCHIZOPHRENIA
(as amended)

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): x	(\$ 26 = \$)	or	(\$52 = \$)
Indep. Claims exceeding 3 (not already paid for): x	(\$110 = \$)	or	(\$220 = \$)
[X] Multiple Dep. Claim(s) (if there previously were none):	(\$195 = \$)	or	(\$390 = <u>\$390</u>)
Total Additional Fee =	<u>\$</u>	or	<u>\$390.00</u>

- ☐ Small entity status of this application has been previously asserted.
- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
- ☐ has been previously submitted.

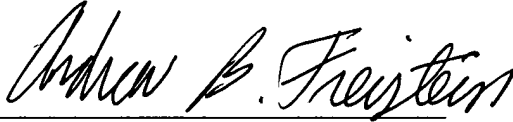
☒ A check in the amount of \$390.00 is enclosed.

☐ Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Kenji HASHIMOTO et al.

By 

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DIAGNOSING SCHIZOPHRENIA
(as amended)

AMENDMENT AFTER FINAL REJECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In reply to the November 28, 2008 Office Action, please consider the following:

Amendments to the Title;

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

03/03/2009 HDEMESS1 00000052 10519792

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RESPONSE UNDER 37. CFR116
EXPEDITE PROCEDURE
EXAMINING GROUP 1797